## BEST AVAILABLE COPY -

								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO													
Effective October 1, 2000 09/674379												19	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN		
TO	OTAL CLAIMS		15		all records			RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	E	OR	BASIC FEE	860	
TOTAL CHARGEABLE CLAIMS			25 inus 20=		. \$5			X\$ 9=		OR	X\$18≈	09	
INDEPENDENT CLAIMS			mi	nus 3 =				X40=	1	OR	X80=		
ML	LTIPLE DEPE	NDENT CLAIM P	RESENT				١	+135=	1	OR	+270=	270	
* If the difference in column 1 is less than zero, enter "0" in column 2							1	TOTAL	+	OR	TOTAL	1148	
CLAIMS AS AMENDED - PART II											OTHER	THAN	
(Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
9	Total	. 3	Minus		25	=	Ī	X\$ 9=		OR	X\$18=		
IME	Independent	• 3	Minus	•••	7	= 2	t	X40=3		OR	X80=	1220	
_	FIRST PRESE	NTATION OF MI	JLTIPLE DEP	ENDENT	CLAIM		H			UH		<i>, µ</i> _	
								+135=		OR	+270=		
								TOTAL DOIT FEE		OR,	TOTAL ADDIT, PEE		
_		(Column 1)	Latination of	(Colur		(Column 3)	-				<u> </u>		
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total		Minus	**		2	I	X\$ 9=		OR	X\$18≈		
ME	Independent	Ŀ	Minus	•••		3	ľ	X40=		OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											.070		
							Į,	+135=	12.75	OR	+270=		
								DOIT. FEE		OR	ADDIT. FEE		
	(Column 1) (Column 2) (Column 3)							٠.	5.5	Ō.			
NTC		REMAINING AFTER AMENDMENT	The second	NUM PREVK PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE.	ADDI- TIONAL FEE	
AMENDMENT	Total		Minus	••			t	X\$ 9=	100	OR	X\$18=	166	
¥	Independent	•	Minus	***		=	ŀ	X40=			X80≠		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							A40=		OR	VOD=		
+135= OR +													
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "2."  ADDIT. FEE  ADDIT. FEE										OR	TOTAL ADDIT, FEE	٠	
		mber Previously Pa aber Previously Pai					loun	d in the ap	propriate box	in cai	umn \$.		
_													